



WOODBERRY FOREST SPORTS CAMP

APPLICATION

FULL NAME OF CAMPER

DATE

PARENT OR GUARDIAN

WOODBERRY FOREST SUMMER PROGRAMS

WOODBERRY FOREST, VA 22989 | 540-672-6044 OR 540-372-3900 | 540-672-1774 FAX
WFS.CAMP@WOODBERRY.ORG

TO BE COMPLETED BY SPORTS CAMP OFFICE

CAMP SESSION _____ DATE RECEIVED IN OFFICE _____ ACKNOWLEDGED _____
YEAR

Please print.

Please enroll _____ in the Woodberry Forest Sports Camp
for the summer of _____. Date of birth _____ Age as of opening day of camp _____

Nickname _____ Height _____ Weight _____
(IMPORTANT) (IMPORTANT)

Shirt size ☐ Youth XL ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult XXL

School attending _____ Grade entering the fall after camp _____

Child's primary residence is with ☐ Both parents ☐ Mother ☐ Father

MOTHER'S FULL NAME

NAME CALLED

SPOUSE'S FULL NAME (IF DIFFERENT FROM FATHER)

NAME CALLED

HOME ADDRESS

HOME PHONE

CITY

STATE

ZIP

WORK PHONE

EMAIL

CELL PHONE

FATHER'S FULL NAME

NAME CALLED

SPOUSE'S FULL NAME (IF DIFFERENT FROM MOTHER)

NAME CALLED

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

HOME PHONE

CITY

STATE

ZIP

WORK PHONE

EMAIL

CELL PHONE

EMERGENCY CONTACT NAME

RELATIONSHIP TO CAMPER

PHONE NUMBER

Note to Parents

The information you provide in this questionnaire will be extremely valuable to the directors and the staff in understanding the personality and needs of your son.

1. Do you consider your son ☐ more shy ☐ more outgoing or ☐ about average?
2. Does he have brothers and/or sisters? If so, list names and ages.

3. Swimming level: ☐ beginning ☐ intermediate ☐ advanced
4. Does he prefer team sports or individual sports? _____

Sports Camp Ratings

5. We need your help with creating athletically balanced teams for Sports Camp. Because we play a variety of team sports, it is important to understand how much experience each camper has in each sport. Please check the box that most accurately describes his experience and ability for each sport.

	No experience	Played on a team	Started on a team	Outstanding player
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacrosse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Has your son participated at Sports Camp previously? ☐ Yes ☐ No

If yes, how many years? _____

7. Has he had prior experience in an organized boarding camp situation? _____

How many years? _____

8. Do you expect your son to experience any homesickness? _____

9. Does your son have any peculiar or unusual habits (eating or otherwise) of which the director should be aware?

10. Does he have any dietary restrictions? _____

11. Does your son have any physical handicaps that curtail his activities? _____

12. Is he allergic to bee stings, insect bites, penicillin, or other antibiotics? _____

13. Will he bring medicine with him to camp? Please give details. _____

14. Physician's name _____ Phone number _____

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How did you learn of Sports Camp? (Please be specific.) _____

Is the camper's father an alumnus of Woodberry Forest? If so, year of graduation. _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Parent or Guardian _____

A non-refundable Registration Fee of \$100, payable to Woodberry Forest Sports Camp, should accompany this application.

***made within the last six months**